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Meeting Spiritual Needs through Dance/Movement Therapy when the Mind Dissipates in Dementia: Development of a Method

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Abstract

The question of how identity is affected when diagnosed with dementia is explored in this capstone thesis. With the rise of dementia diagnoses (Goldstein-Levitas, 2016) there is a need for understanding effective approaches to care as emotional components remain intact. The literature highlights the essence of personhood and how person-centered care (PCC) is essential to preventing isolation and impacting a sense of self and well-being (Killick, 2004). Meeting spiritual needs in the sense of hope and purpose may also improve quality of life and delay symptoms. Dance/movement therapy (DMT) is specifically highlighted as an effective approach as sessions incorporate the components to physically, emotionally, and spiritually stimulate the individual with dementia. A DMT intervention was developed and implemented at an assisted living facility in the Boston area within a specific unit dedicated to the care of residents who had a primary diagnosis of mild to severe dementia. A Chacian framework is used with sensory stimulation techniques to address physiological needs. Results indicated positive experiences from observations and merited the need to conduct more research to credit DMT's effectiveness with geriatric populations.

Keywords: Dance/ movement therapy, Dementia, Personhood, Person-centered care, Spirituality

Meeting spiritual needs through Dance/Movement Therapy when the mind dissipates in Dementia: Development of a Method

Does dementia destroy the sense of self? This is a question that researchers have explored with the geriatric population. It is notable that the changes that come along with dementias are devastating and can result with an unrecognizable sense of self. The mind may dissipate, but spiritual growth may be possible through social supports. Kevern (2015) stated "there is a tendency among some writers to consider the loss of cognition as itself contributing to a positive spiritual progress: by living in the "here and now" the person with dementia finds their true self freed from the malignant "hypercognitivity" of the current age" (p. 771). This quote may suggest that an essential element in caring for those with dementia is to simply remain present with them. It is crucial to explore effective methods for caring for persons with dementia to create more awareness for caregivers in assisted living communities.

Researching quality of life with older adults who have dementia is important as nearly 135 million people in the world will be affected by 2050 (Goldstein-Levitas, 2016). Furthermore, dementia is an epidemic as the disease is one of the leading causes of death in the U.S and long-term care placement is an outcome for most patients (Goldstein-Levitas, 2016). As cognitive abilities decline rapidly, emotional components remain intact which suggests a deeper meaning to identity. Neurologist Oliver Sacks (1998), he stated

> In dementias, one may find all sorts of specific losses…and, as the disease worsens, a reduction of personal identity. And yet this reduction is virtually never complete; it is as if identity has such a robust, widespread neural basis; as if

> personal style is so deeply ingrained in the nervous system that it is never wholly lost, at least while there is still any mental life present at all. (as cited in Killick, 2004, p. 62)

The need for spiritual care is merited as Sacks points out that identity is deeply rooted in a person even if cognitive abilities decline. Spiritual care is often misunderstood and assessing spiritual needs can be ambiguous as it can be synonymous with religiosity. The term goes further than existential, philosophical or religious interpretations, and is argued to represent the fundamental essence of life (Scott, 2016). Spiritual care in this context is referred to providing meaning and purpose in life. Donald Blumenfeld-Jones (1997) highlights this stating, “A search for meaning is a search for experiencing connection with others in our world as well as with our physical and social environment. This connectedness carries with it an experience of wholeness (however temporary this experience may be)” (p. 315). Maintaining meaningful connections may provide a sense of belonging and continuity which nurtures spiritual needs with a sense of hope, despite health challenges.

The search for meaning and emotional connection can become vital to enhancing the will to continue living when illness or physical impairment takes over. Social relationships are essential to prevent emotional isolation and promote self-confidence (Killick, 2004). The elements of spiritual care develop in the attention with the present moment which includes: felt meaning between residents and staff; fostering traits or characteristics of being; and nurturing relationships that support a persisting self (Killick, 2004). It is important for dementia patients to be able to express themselves as they are

often more sensitive than others to their social/emotional environment even when losing mental capacity (Newman- Bluestein & Hill, 2010).

A method was developed with components of spiritual care specifically through dance/movement therapy. Acknowledging spiritual needs, the intervention of DMT will be explored to help people with dementia connect with others through a relational process to foster self-awareness. This creates a balance between the emotional withdrawals into the self that tends to happen with dementia. A review of the literature will provide insight on theoretical perspectives and methods that provide effective interventions for the elderly population with dementia.

Literature Review

Dementia

Dementia is an umbrella term for various symptoms that are caused by disorders affecting the brain. Dementia is determinant by two degenerative brain disorders, Alzheimer's disease and vascular dementia (Evans, 2008). Alzheimer's disease is the most common form of dementia with 60 to 80 percent of the cases (Alzheimer's Association, 2018). There is no cure to this debilitating disease and care for those with Alzemer's can be challenging as well as heartbreaking. An Alzheimer's Society (2013) survey on the affects of the well-being highlighted that 33% of people who lost friends after the diagnosis of dementia and 39% reported feeling lonely (McGreevy, 2016). Dealing with a progressive neurodegenerative condition can affect memory, language, recognition, and movement which may impair a person's social interactions and daily activities (Ho, Cheung, Chan, Cheung, & Lam, 2015). These symptoms gradually get

worse which may generate fear and confusion for someone who may not understand what is happening to them.

Scientifically, with dementia there is cognitive deterioration in the regions of the brain that involves memory, spatial navigation, and language; including damage to the amygdala which effect emotions and behavior (Ho et al., 2015). The shrinking of these areas in the brain can lead to poor self-care and disruptive behavior which can be a huge stressor for caregivers. The cortex and the region underneath known as the hippocampus are significantly damaged in Alzheimer's disease which effects explicit memory storage and retrieval (Sapolsky, 2004). However, implicit procedural memory which regulates body movements and motor actions appear to remain intact in dementia (Sapolsky, 2004). This supports the interconnectedness of the mind and body; alluding that the body can perform reflective actions unconsciously.

It is important to research quality of care in assisted living homes as studies in Kozar-Westman et al. (2013) reports that by 2050, 27 million people will require some type of long term care. Specifically, person-centered care (PCC) is merited for people who have dementia in assisted living facilities with social models. The social model of dementia care corresponds to respecting an individual's rights and wishes and promotes choices to enhance the independence of the person (American Senior Communities, 2014). The principles of the social model favor a person-centered approach where care is customized to the individual's needs which are considered essential for people with dementias. Contemporary studies have provided insight into people expressing their individuality and humanity when in the later stages of dementia (Evans, 2008). Morhardt

& Spira (2013) documented that people with dementia are conscious of their situation and able to contribute insights about their experiences, preferences, and needs.

Scott (2016) described the sense of self as consisting of three components including: personal identity, attributes or characteristics, and social roles. People with dementia are able to express in terms of pronouns such as ‘I’ and ‘me’ which suggests an understanding of personal identity. However, people’s characteristics of personality may vary with the stage of the disease which can lead to a fragmented identity. Social roles are essential to the person with dementia since they can provide a sense of consistency and acceptance. Scott (2016) further highlights that with cognitive impairments in dementia, the mind may reflect a different mental perception of a distinctive point in time of their life. For instance they may have reversed in their mind to a time they were younger while their parents were still alive. This can make their world seem confusing and create a sense of frustration for not understanding their environmental surroundings. Although the later stages of dementia may lead to a loss of self, it is important to consider personhood as an important aspect of self and the role of relationships.

Meeting Spiritual Needs

Personhood.

Dewing (2008) defined personhood as, “the fundamental attributes of a person: feelings, sensations, emotive responses, and the ability to live in relationships; that is, the experience of interdependence and interconnectedness” (as cited in Morhardt & Spira, 2013, p. 37). Similar to Scott’s (2016) definition of the three components of self, personhood has a deeper meaning of identity with a subjective perspective supporting the need for research with holistic care interventions for those with dementia.

Historically, dementia care has come a long way. In the 1980s and 1990s people with dementia were perceived as “empty shells,” “passive victims,” and experiencing a “loss of self” (Morhardt & Spira, 2013, p. 37). Katz’s (2013) cited philosopher John Locks’s view of personhood is noted as, “Being a person means remaining identical to oneself throughout life” (p. 81). Katz challenged Lock’s view of personhood as it was limiting and labeled an individual based on symptoms and neuropathology, which dismissed any ingrained conscious awareness. Lock’s view also suggested memory correlating with a person’s worthiness in society which seems restrictive. Katz (2013) counteracts the historical perspective with highlighting that a person’s identity is more than just measurable recall.

Katz (2013) concludes memory incorporates five principles including: 1) an act of agency or imagination; 2) an integrative force rather than divisive; 3) can be symbolically expressed through the body; 4) a contingent condition of growing older; and 5) emotional as well as cerebral (p. 306). These five principles highlight the current understanding of memory and identity suggesting holistic care could enhance quality of life for people with dementia. Additionally, Killick (2004) stated that, “personhood needs to be continually replenished, their selfhood continually evoked and reassured” suggesting that the significance of person-centered care is to prevent social isolation which impacts a person’s sense of self and well-being (p. 64).

Even though the direction of quality care is warranted, Evans (2008) noted, “the daily management of persons with dementia remains on the whole impoverished of emotional interactions and stimuli” (p. 157). The rise of dementia demands that society reevaluate approaches to caregiving as spiritual needs tend to be neglected (Scott, 2016).

Preserving purpose and hope along with connecting in the present moment can immensely impact the person's spiritual well-being which leads to exploration of holistic-health care.

Person-Centered Care.

Person-centered care (PCC) is considered a prerequisite for providing successful dementia care and essential for people with dementia to maintain relationships and feel a sense of belonging or purpose (Ericsson, Kjellstrom & Hellstrom, 2011). PCC encourages people interacting with individuals with Alzheimer's disease to acknowledge that they are people, not a manifestation of a disease (Morhardt & Spira, 2013). This should be encouraging for caregivers to look past the cognitive losses and work with a person's strengths to establish connection. Assisted living facilities with social models strive for PCC by responding to individual's emotional and spiritual wellness with kindness and compassion. The awareness of each individual's personal story and needs should be acknowledged while providing care.

Additionally, relationship-centered care as an extension of PCC focuses on preserving a relationship as an essential role to enhance selfhood. Ericsson, Kjellstrom and Hellstrom (2011) conducted qualitative research on the formation of relationships with persons with moderate to severe dementia and their caregivers in six residential units in southern Sweden. A method called Relational Time (RT) was used as an instrument to observe how relationships with persons with dementia are formed. Nurses selected nine participants (n = 9) who had various forms of dementia ranging from ages 75-97. The social process included RT sessions with care staff (n = 24) that were videotaped for 20 - 60 min and the person with dementia was also interviewed afterwards

with the nurses. Videos were constantly compared and coded based on the core category named Opening Up which emerged during theoretical coding. The Opening Up category explains the process of establishing relationships between the care staff and participants with dementia.

The findings highlighted the importance of, "'establishing security and trust' and 'communicating equality'" as two main components (Ericsson, Kjellstrom & Hellstrom, 2011, p. 63). The interview process with the caregiver established that the RT time determined whether or not the person with dementia opened up. The results of the study noted that, "help and support requires constant self-examination by the caregiver: the caregiver must examine and manage the imbalance of power in order to avoid infantilizing the person" (p. 73). This study conveyed that building trust and treating others equally are two main components to establishing relationships with those with dementia. The study also merits a greater awareness for the significance of relationship-centered care which is ideal for nursing homes and assisted living facilities caring for this population.

Current Care Methods

Along with relationship-centered care, studies show that interventions stimulating physical activity can slow down the progress of dementia symptoms and enhance quality of life. Ho, Cheung, Chan, Cheung, and Lam (2015) noted in a neurobiological study that the hippocampus expanded with both acute and chronic aerobic activity, which stimulated the area for memory. Additionally, methods that target both physical and mental well-being can improve impairments caused by dementia more effectively rather than just implementing physical activity alone. Incorporating these methods can also

decrease the salivary cortisol levels which were found to be correlated with the progression of dementia by reducing the hippocampal volume (Ho et al., 2015). Healthy cortisol levels can be induced through physical activity and social stimulation which can be done through interventions such as dance/movement therapy. Getting older adults to participate in physical activity can be a challenge but research has been conducted to analyze motivational factors.

McMahon, Wyman, Belyea, Shearer, Hekler, & Fleury's (2013) study suggested that people over the age of 65 do not participate with recommended physical activities (PA) due to a lack of motivation. Promoting interventions to increase social supports within the elderly population is crucial especially for those who have dementia. A randomized control trial design was held with an *8*-week intervention (Ready~Steady) that included three main components: social network support, motivational support, and empowering education during small group sessions (McMahon et al, 2013). The "mHealth app" measured the behavior effects of PA and provided a foundation for the physical component of Ready~Steady. There were *16* participants (N = 16) who were 74 years or older who lacked the recommended PA levels for aerobic and muscle-strengthening activities. This study highlights that older adults may feel more vulnerable which can lead to a lack of confidence to participate in physical activities. This relates to the value in implementing motivational strategies for interventions. Results indicated that 75% of participants benefited from the Ready~Steady intervention through improving their functional balance and strength and increasing their PA behavior (McMahon et al., 2013). The intervention also helped increase their perceived social support from friends (62%), their readiness (75%), and their self-regulation (75%) for engaging in PA

(McMahon, et al, 2013). The study illuminated motivational factors to enrich resident's quality of life which mostly relied on social reports. The interventions of this study were only implemented in small groups; however the application with diverse contexts is unknown. Future research is also needed to further understand how these methods will work with diverse contexts.

Barnes et al. (2014) also developed an innovative integrative exercise program (PLIE) which entailed a two-year process to prevent loss of independence with older populations diagnosed with mild to moderate dementia. The researchers noted the use of conventional and complementary exercises which included: dance/ movement therapy, yoga, and tai-chi. All were considered to help stimulate procedural memory for everyday functional movements while simultaneously increasing mindfulness and social connections (Barnes et al., 2014). The 36-week cross-over clinical pilot trial included *11* participants ($N = 11$) at an adult day program for Alzheimer's and other dementias. The trial explored the influences of PLIE on the emotional affect, mind-body relationship, social interactions, and use of implicit memory (Barnes et al., 2014). Qualitative data was collected through persistent observations with instructors and research assistants' written field notes, telephone calls with caregivers, and recordings from video-documented classes. Triangulation data with the participants was also extracted and coded to identify themes which emerged as: functional, emotional, and social changes (Barnes et al., 2014). The results established the PLIE program supported the functional independence and had improved the quality of life for the participants.

McMahon et al. (2013) and Barnes et al. (2014) highlight the importance of achieving physical and emotional activity to stimulate mental functioning. Incorporating

interventions that target spiritual needs through physical and emotional activity would enrich the quality of life for people with dementia. Dance/ movement therapy (DMT) embraces the PCC principles and utilizes physical and emotional components within sessions. Neurologically, DMT stimulates cognition through neurotransmitters, which can influence physical and psychological behaviors for those with cognitive impairment (Berrol, Ooi, & Katz, 1997). Research shows that DMT interventions activate the frontal lobe of the brain which controls visual tracking while also stimulating the hippocampal associated with spatial memory. The hippocampal is an area of impairments for persons with dementia which conveys the importance for stimulation (Ho et al., 2015). An active brain can slow the progress of dementia symptoms and enhance the person's well-being.

DMT may also improve quality of life through targeting spiritual goals. Fersh (1980) described DMT sessions can provide a "transcendent experience" exclaiming that, "this offers the elderly the opportunity to connect with the ongoing energy force which supports the…continuity of life" (as cited in Levy, 2005, p. 230). This aspect can help those patients concerned with aging and provide a sense of hope. Additionally, DMT fosters a sense of embodiment which enables people to experience the present moment with a sense of belonging. Therapists can facilitate the patient's experience based on communication expressed through the body which helps them feel seen.

According to Coaten & Newman-Bluestein (2013) embodiment is, "a concept pertaining to lived-body and phenomenal experience that is crucial to better understanding what it subjectively means to be human" (p. 677). Even though previous research has suggested that impaired cognition may lead to loss of selfhood, Downs (2013) contends that this can be extended further when considering embodied

experiences and how these can enhance the quality of life for those with dementia. Downs points out that there are four principles to rethink dementia with: body and self; body and appearance; body and control; and body and celebration (p. 368). These principles entail a PCC view of care since, “It requires we rely on subtle bodily signs of distress and discomfort, and joy and pleasure with which to gauge our personal and social interactions” (Downs, 2013, p. 368). The embodied perspective provides another lens for caregivers to look deeper than cognitive symptoms and practice PCC when most communication may be expressed through the body. The cognitive and spiritual goals of DMT make this holistic, non-medical intervention a beneficial approach for care facilities that provide treatment.

Dance/Movement Therapy

According to the American Dance Therapy Association (ADTA), dance/movement therapy is defined as, “the psychotherapeutic use of movement to promote emotional, social, cognitive and physical integration of the individual” (ADTA, 2018). Dance movement therapy is an appropriate intervention for older adults with dementia as techniques support physical and mental stimulation in a cost-effective way (Levy, 2005). Therapeutic interventions with the elderly began in 1942 with Marian Chace who was considered the “Grande Dame” of DMT (Levy, 2005). Her techniques targeted social, physical, and psychological areas which paved the path for current therapists working with the elderly population.

Chace is most renowned for establishing her basic concepts of body action, symbolism, therapeutic movement relationship, and rhythmic activity (Levy, 2005). Specifically, her concept of the therapeutic movement relationship via the use of

techniques such as “mirroring” and “reflecting” promote genuine connection and self-awareness which characterize most DMT groups with older adults (p. 22). The geriatric population benefits from mirroring by emphasizing what body parts can move, which can provide a sense of feeling seen and validated. Sandel, Chaiklin, & Lohn (1993) described Chace’s mirroring concept, “By reproducing the significant gesture at the right time and for only as long as the patient would accept it, Chace established trust, leading patients to communicate repressed ideas and feelings and to risk new experiences and relationships” (p. 80). Chace’s principles of empathic mirroring, acceptance, and reflecting are all techniques that can create an effective intervention for people with dementia.

Furthermore, rather than focusing on a wide range of movement that older adult bodies may not be able to achieve, highlighting the aesthetics of their movement can influence a genuine therapeutic relationship. Donna Newman-Bluestein, a dance movement therapist who works with the elderly with dementia, references using aesthetics in the context of “the appreciation of beauty” (Newman-Bluestein, 2005, P. 2). Appreciating the movement older adults can do can enrich the therapeutic experience and decrease anxiety for physical expectations. Newman-Bluestein (2005) says, “In my work with the elderly, the beauty of their genuineness further feeds my sense of aesthetics” (p. 7). There is a sense of delicacy to be admired while building relationships with those who have dementia.

Once trust is established through acknowledging aesthetics within the group, expression of the self is more likely to unfold through sessions. Chace’s methodology incorporated a flexible structure that included that participants form a circle, followed with a warm-up, theme development, and closure which allow imagination and symbolic

actions to unfold (Levy, 2005). Chace's methodology of facilitating sessions benefit geriatric groups as they can sit in chairs within a circle and observe each other with a sense of equality and gain a sense of emotional support. These tools further promote group cohesion through rhythmic actions and produce a reciprocal movement relationship through helping people connect through their bodies for emotional responsiveness.

Providing Chace's structure and keeping aesthetics in mind can influence reminiscence and self-expression. The use of memory and past experiences, or reminiscence, have been an essential tool with this population as people with dementia experience their long-term memories still being intact. DMT therapists may encourage sharing these memories of youthful times during group sessions, which may provide the person a stronger association for the present (Levy, 2005). McGreevy (2016) also exclaims that movement can promote social networking through providing a sense of unity and connection during group sessions. This helps prevent the sense of discrimination people with dementia often experience. Reminiscence may strengthen interpersonal relationships and communication skills which can enhance the person's sense of confidence.

Sandal (1978) conducted a study on the use of reminiscence in a dance/movement therapy intervention with the elderly (as cited in Levy, 2004, p. 230). Participants included five female ($N = 5$) residents from a center for long-term elderly patients. The intervention included the use of imagery and reminiscence, and focused on increasing personal integration and releasing both positive and negative emotions. Chace techniques were used as a method and included a warm-up with music, and a guided theme development with closure to end the session. Imagery was used to create a sensory

experience which linked to a symbolic experience, and then ended verbally (Sandal, 1978). The findings supported the use of reminiscence to be effective to promote psychological and social stimulation. This study highlights Chace's methodology and created more awareness for using DMT with the elderly population.

DMT includes the goal of physical movement, but is specifically effective through providing the opportunity for expression of emotions in a non-verbal approach. Schilder (1950) stated, "Every emotion expresses itself in the postural model of the body…every expressive attitude is connected with characteristic changes in the postural model of the body" (p. 209). A dance movement therapist is trained in movement observation which can be used as a strength based and functional lens to bring awareness to the client. Older adults may not view themselves as aesthetically pleasing so the facilitator may emphasize what the individual can do using Laban analysis. Moore (2014) describes how Laban Movement Analysis (LMA) is used to observe human movement as: body fundamental connections (what is moving), effort (how a person is moving), space (where a person moves), and shape (how movement is related to self and others in the environment). Using LMA as a lens can assist a facilitator to focus the therapy on opportunities for rich and meaningful sessions that surpass an exercise class. Both Chace's methodology and LMA are effective tools, but DMT sessions can be further enhanced through sensory stimulation allowing participants to make connections with their sense of self reference.

Sensory Stimulation and Dementia

Goldstein-Levitas (2016) stated that through engaging the sensory system, DMT can enhance quality of life for people with dementia and activate emotional, physical, and

cognitive functioning. Memory recall is more likely to emerge through emotional material, imagery, and physical contact. Sensory deprivation is more likely to occur with the older adult population. Goldstein-Levitas (2016) noted, “The effects of sensory deprivation can be observed in the self-soothing and maladaptive behaviors (repetitive movements, primitive vocalizations, aggression, wandering) frequently exhibited by individuals with this disease” (p. 430). It is important to explore how stimulating the senses may enhance quality of life for people with dementia.

DMT sessions use tools such as props, touch, and music to activate imagination, reminiscence, and creativity (Levy, 2005). These components help create an embodied experience for the participant and influences active participation as well as self-expression, which are often therapeutic goals in DMT interventions. Camic, Brooker, & Neal (2011) discuss how material objects can foster identity through discovering various aspects of themselves through memories associated with the object. The study focused on social identity theory which envisions behavior that is influenced by “the physical or symbolic presence of those around us” (p. 152). This approach views activities within daily life and highlights how they are connected to identity-related purposes through the presence of material objects which can represent a foundation for self-definition. Furthermore, ‘objects-as-personal-possessions’ may generate stories about a person’s life experiences and can provide a notion of who they are; which can help illuminate identity. These material objects can be used to promote expression within therapeutic interventions.

Camic et al. (2011) conducted a pilot case study to observe how material objects were used in clinical practice. Fourteen participants (N = 14) ranging from ages 31-67

years were observed using objects they selected to possibly explore in therapeutic groups. Data was collected through written narratives and used to form a thematic analysis to detect commonalities between patients. The established themes included: clinical rational, client responses to found objects, impact of found objects, and function of found objects. The results indicated that objects have a role to play in clinical work and can increase engagement in therapeutic interventions. Camic et al. (2011) noted that, "…material interaction takes place where human beings interact meaningfully with objects" (p. 157). This study conveys the significance of using objects as sensory brides in clinical practice and enhances an individual's social identity.

Objects can be incorporated as props within DMT interventions to enhance the process of sensory stimulation. The use of touch and music can also be used to enrich sessions and foster connections. Music can promote movement patterns, imagination, and reminiscence while touch can help people connect to the presence of others within their present environment (Scott, 2016). Music with rhythm can promote rhythmical movement; studies have shown rhythmic physical activity to improve mood and memory for elderly dementia patients (McGreevy, 2016). Scott (2016) examined touch and highlighted the "Gentle massage of the hands, shoulders, neck and face has been found to cause people with dementia who are normally withdrawn to reach out and touch the caregiver's hands, face or body, in a gesture of reciprocation" (p. 46). Facilitators can use music and touch to interact with group members and increase participation. Persons with dementia have difficulty communicating their feelings, fears, and concerns; sensory stimulation can cultivate a sense of connection to themselves and with their families, friends, and caregivers (Scott, 2016). Through using tools such as props, music, and

touch, DMT offers a creative treatment approach to help those with dementia connect in harmony to themselves and others.

Current studies stress the importance of conducting more research using the arts as interventions for people with dementia. Thomas, Crutch, & Camic (2017) critically reviewed an overview of studies that measured physiological outcomes of people with dementia interacting with the arts. Within the initial search result of (N= 2302), studies conveyed that using measurements including hormone levels and galvanic skin response can provide a depiction of physiological outcomes. These measurements are associated with positive affect and enhancements in cognitive wellbeing in the context of arts interventions. Results in the review indicated that physiological responses to the arts with people with dementia credit responses solely to music or music therapy; there was no substantial research made with other art forms. Although this review highlights only music, it points the need for further research in the arts modalities. Specifically with regards to DMT as a modality that incorporates music as an intervention tool that enhances meaningful experiences.

While there is no cure for dementia currently, further research would prove beneficial in considering the approaches which enhance the quality of life and mental wellbeing in the here and now of patient's lives. The modern perspective of personhood suggests identity is subjective and deeply ingrained and need not be limited to cognitive impairments. Studies demonstrated people with dementia still have a sense of their identity and rely on interpersonal relationships to express their sense of self (Scott, 2016). Current research supported embodied approaches of physical and emotional activity through the findings of reduced cortisol levels, and producing meaningful interactions to

enhance coping skills for the neurocognitive declined (Goldstein-Levitas, 2011). Even though Thomas et al. (2017) credited MT as the only form of arts intervention to measure physiological responses; DMT incorporates the components to emotionally and physically benefit the person with dementia as well. Chace's methodology is effective for the elderly population as the circular structure provides a space of equality and a flow to build the therapeutic relationship to promote self-expression. Sensory stimulation tools such as props, music, and touch assist DMT sessions and promote self-awareness with participants. Based on the literature, DMT sessions that incorporate these elements of sensory stimulation and Chace's structure, may help enhance quality of life through meeting spiritual needs when the mind dissipates in dementia.

Method

A DMT intervention was implemented at an assisted living facility in the Boston area. The sessions were facilitated within a specific unit dedicated to the care of residents who had a primary diagnosis of mild to severe dementia. Two 45- minute sessions were coordinated with the care staff on duty to direct residents who chose to participate into the common space in the lounge. The groups were conducted to track observations within the sessions to analyze development of the therapeutic relationship, increase self-awareness, and promote self-expression in order to practice meeting spiritual needs.

Participants

A total of 12 residents ($N = 12$) participated in the groups. The first week included five residents ($n = 5$) ranging from 70 to 86 years of age who all lived within the unit. All members were Caucasian; two of the members were males and three were female. Two of the five members used a walker and three members ambulated without

assistance. The second week included seven residents (n = 7) which included the same *5* residents from the first observed group along with two other females. Of the two new group members one used a wheelchair and the other did not need any ambulant assistance. Both groups ran for 45-minutes from before noon. All group members understood that participation was fully voluntary and confidential. The codes of ethics and policies of the assisted living center and state of Massachusetts were followed. This DMT method also took into consideration the ethical care of older adults who experience dementia.

Procedure

The DMT sessions were based on Chace's structure and methodology of using imagery, symbolism, and rhythmic action to stimulate embodied movement (Levy, 2005). Both sessions started in a circle with chairs set up and included three sections: warm-up, theme development, and closure. Using a somatic therapeutic approach, the focus was on activating a person's implicit and long-term memories to encourage self-expression as well as cohesively connecting within the group. Music selection from the 1940s, 1950s, and 1960s played in the background to help initiate physical movement and inspire reminiscence. Music was selected prior to the group session and played through a portable Bluetooth speaker which was connected to my personal iPhone. Props including a beach ball and rattle shakers were used to compliment theme development and encourage participation.

Warm-Up

Each group began gradually with a check-in to welcome each group member individually. This was an opportunity to verbally and physically join the group as people

were invited to create a gesture, or expression for how they were feeling in the moment. Each group member's gesture was repeated by other members to initiate a sense of reciprocation to the emotion. A light stretching sequence to the song "It's a Good Day" sung by Peggy Lee was followed after the check-in to slowly warm-up the muscles and acknowledge group members within both groups. This evoked initial contacts through eye contact and mirroring to assess the group's readiness for deeper engagement. Levy (2005) found that, "patients could feel their way into the group, testing whether or not they were able to maintain their individuality and still feel comfortable within the group" (p. 25). The group's readiness via the warm-up section is a crucial stage to develop group rapport and build trust in the group.

Lastly, a rhythmic song, "Wake up Little Sussie" by The Everly Brothers was played in the warm-up section during both groups to promote group cohesion through physically tapping the thighs and moving through other body parts. The tapping was implemented to connect the participant into their body; initially starting at the thighs, and then moving down the legs, up to each arm, and all around the stomach. The rhythm allowed participants to connect with one another cohesively while mirroring simple movements.

Theme Development

Themes were developed in each session based on feelings within the warm-up and music selection planned for an intentional premise. The first group incorporated a premeditated theme for going to the beach, while the second group included music tailored for the celebration of being together. Music in the first group resembled the ocean, warm weather, and summertime. A beach ball was also used for a prop to

influence reminisce and active participation. In the second group songs resembled connection, love, and rhythmic dance songs to promote group cohesion. Shakers were used as a prop to compliment this theme and influence rich sensory stimulation.

Movement, verbalization, and imagery were used to guide members of the group into a deeper exploration of each theme. As the group facilitator, touch was also used as I walked around the group and held hands with any participant who reached out. Sandel (1980) found that "Touching and being touched appear to have a rejuvenating effect on the participants which increases their alertness and responsiveness to others" (as cited in Levy, 2005, p. 2). Using touch as an assessment within the groups, I was able to deepen the theme development and strengthen the therapeutic relationship by responding to the member's emotional expressions. Through constant verbal descriptions, I clarified directions and intentions of the group to provide a sense of bonding within the theme development.

Closure

Each group ended with a supportive closure through a relaxation technique consisting of incorporating the breath with an inhale while moving the arms upward followed by an exhale with the arms slowly floating down. This sequence was repeated three times which allowed people to unwind after the theme development. I verbalized how much I appreciated their presence and participation which left a sense of belonging to the group. Additionally the closure presented an opportunity for any members to share their feelings and experiences verbally based on the themes that had unfolded.

Tracking

Observations were tracked through journaling, art-based reflections and writing progress notes directly after both groups. The journaling notes were organized based on observations of affect, rhythm/touch, participation, movement qualities, reminiscence/memory recall, imagery, and social interactions. I also used a group therapy interaction chronogram (Case & Dalley, 1992) developed to visually organize my observations in the three sections of the procedure: warm-up section, theme-development, and closure sections. Art-based reflections were made at home to reflect my own emotional responses to the sessions.

Results

The observations of this DMT method are organized into three sections: the warm-up, theme development, and closure. Each participant's affect, rhythm /touch, participation, movement qualities, reminiscence/memory recall, imagery, and social interactions were tracked through each section. The warm-up included each participant's initial reactions to a rhythmic song to physically mobilize the group members. The theme development allowed for more opportunity of self-expression after building a group rapport within the warm-up section. The props stimulated participation and connectivity within the group. Lastly, in the closure section close attention was paid to a change in affect from the initial start of the group as well as the verbal reflections.

Emotional components of empathy were present as profound eye contact was displayed and one could sense a yearning for self-worth. A level of trust was developed as aesthetics were noticed and rhythmic action during the warm-up. Long-term memory recall unfolded during the theme development through the use of music and props. Self-

expression was noted through individual gestures and verbalizations. There was also a balance between individual expression and joining in the group cohesively.

Warm-up

Prior to the start of group one, chairs were arranged in a circle for the participants to sit down and greet one another within the group. At the beginning of the first group a couple of members were engaged in conversation with one another, while the other three members appeared withdrawn by their low gaze down at the floor. There was a sense of confusion for the check-in with group members displaying puzzled and flat affects. Members responded to the check-in question, “How are you feeling today?” However, only two members grasped the directive and conveyed a gesture or movement that matched the verbalized emotion. Most participants responded with “I’m fine” or “Good”, but one member replied more descriptively with, “I feel lazy today”. Only one group member provided a movement and lifted her arms up in the air and floated them down in front of her as a response to the check-in question. The stretching song seemed to recharge the group as every member displayed direct eye contact and active participation. Movement patterns included far reaching with the arms on the vertical dimension, rolling shoulders forward and back, and slight swaying from side to side. The rhythmic “Wake up Little Susie” song influenced singing, and group cohesion and all group members tapped on their laps in unison. One member expressed a sense of joy stating, “I love this song!” Participants also sang along to the lyrics which created a playful atmosphere.

The second group initially appeared disoriented with one member displaying self-soothing behaviors which included wringing their hands together. There was also a sense of low energy as one member had his eyes closed and another was gazing down at the

floor. The second group was quiet during the initial check-in of the warm-up and preferred to remain reserved. The stretching song created more of a response as individuals mirrored the movements I displayed. There was a use of upper body movements with the arms reaching to the vertical diagonal and back down to mid-center. A slight tapping with the feet was also noticed with a couple of the members. The rhythmic “Wake up Little Susie” song energized the group as everyone was in synch with the rhythmic tapping, and created more cohesive participation. A few members’ affect appeared to be happy as they smiled and sang along during this song.

Comparisons from both groups displayed a sense of confusion and reservation for the check-in part to produce a movement or gesture. Eye contact was maintained in this section with everyone during both groups as well as mirroring techniques. Both groups also appeared to have a sense of openness after the warm-up and looked more alert with elevated postures. The observations seen in the warm-up suggested a level of trust was developed and there was a readiness to delve deeper.

It is important to note the role of the facilitator is essential to developing the therapeutic experience. Upon starting the warm-up I scanned my own body/mind to ground myself to be present for the group. Being an intern can include novice feelings of needing to “get it right” when the true therapeutic experience unfolds when expectations are let go. I had to accept these feelings of wanting to be an effective facilitator and compartmentalize my expectations to the side so I could be open to learning more about this population. I began to realize this more as the session transitioned into the theme. An art-based response was created to reflect this process (Figure 1).

Figure 1. Collages with Acrylic Paint

Theme Development

The first group incorporated a beach theme as the weather that day was cold and dreary with grey skies. The Beach Boys, “Kokomo” played in the background and members began tapping their feet and swaying their hands left and right as they smiled. I asked questions like “Who loves to swim?” Deliberate arm movements were executed, as if they were swimming. Several members conversed and reminisced about going to their local beach. One member stated, “I always had to watch my son while he swam.” A child-like energy was displayed as we pretended to swim together. Memories about the beach surfaced including having picnics and tossing beach balls around. Using enthusiasm I used the beach ball prop to further engage members while playing “Those Lazy, Hazy, Crazy Days of Summer” by Nat King Cole in the background. Each participant took turns throwing the ball to one another; I stood in the center to manage the flow of the prop. There was laughter and a spark of alertness as individuals interacted with the prop through this section.

The second group consisted of a “celebration for being together” theme with the song “Sunshine, Lollipops, and Rainbows” initiating the theme. As one member seemed

disengaged with his eyes looking down to the floor, I used imagery to build up a ball of light within my hands and told the disengaged member I was passing him some sunlight. He responded with lifting his head and making eye contact. I reached out my hand to let him know I was available for connection which was reciprocated with his reach to my hand. This gesture allowed the member to engage in the present moment and it appeared halt any further withdrawal. I stated, “We can always show kindness to each other.”, which allowed me to walk around the circle shaking hands with each person and making eye contact. A discussion about kindness surfaced as we noted a simple good morning to someone can lift their spirits. One member stated, “I thank God every day for another day to be here all together.” I redirected the group into a rhythmic dance song and passed out rattle shakers. Each member actively participated shaking the rattles to the song, “Shake, Rattle, and Roll”. One member began shimmying her shoulders and laughing. Another member twisted their upper torso while they reached their arms out horizontally with the shakers. The shaking influenced self-expression while maintaining connection within the group; the enriched member’s experience of smiling with one another was noticeable. Interactions included group members tapping on each other’s shakers and laughing. The theme embraced kindness and gratitude for being together which altered the emotional affect of members who were initially disengaged.

Both groups shared a desire for connection during the theme development. The first group exemplified to being more playful as the second group incorporated verbalizations about kindness. The sensory stimulation from the beach ball and shakers seemed to address the therapeutic goals of promoting connection and self-expression. The music selection complimented the intended theme for the beach in the first group while

kindness emerged in addition to the celebration of being together during the second session.

This section is where remaining present as the therapist was crucial for each individual's therapeutic process to unfold. I had a sense of the importance of how to best balance between group members who wanted to express themselves individually and cohesively integrating them into the whole of the group. Facilitating could not simply rely on the plan of the theme; I had to embody the present moment with childlike openness, enthusiasm, and wonder to allow expression to flow. This imaginative component felt necessary to allow playfulness to reignite the group members with a sense of joy. An art based reflection (Figure 2) was constructed from this process.

Figure 2. Acrylic Paint & Collage

Closure

The first group closed with reminiscence of summertime by highlighting missing sunny weather. The group ended on a cohesive note with everyone taking a breath and lifting their arms forward along the sagittal dimension. Postures appeared lifted and everyone was engaged with eye contact. There were no outside distractions which made the first group seemingly come to a close.

The second group transitioned into the close reenergized as we ended after using the shaker props. One member who had initially demonstrated self-soothing as a coping mechanism with wringing the hands had stopped and appeared calm without any agitation by the end of the session. A small discussion about the theme facilitated a discussion of ways to be kind. Members suggested “smiling” to each other, and “saying hello” would help people feel good. Members were then guided through a deep-breathing sequence in which everyone participated while floating their arms forward on the sagittal dimension three times. This sequence was interrupted by the care staff on duty to announce lunch time. I concluded by saying, “Thank you for being a part of this group today, and I look forward to seeing you next week.” The session ended with a transition into lunchtime which I helped members stand-up to walk to the dining area.

In closing both groups, members appeared more alert afterwards with upright positions and engaged eye contact. The closure helped tie the theme development together for both groups and ended with a sense of unity. The second group had a quicker transition right into lunch as the care staff insinuated the shift into the dining room. The verbalizations in both groups in the closure fostered self-awareness for their individual experience during the session.

The closure section is an important process for the facilitator to reflect back the observations seen throughout the theme and to take a moment to ground the playful energy. At the end of both groups there was a buzzing sensation within my body from connecting on a level of equality. The playful energy left me with joy and liveliness. My art response (see Figure 3) for the closure between groups acknowledges the beauty of this experience and the power I felt within the group connection.

Figure 3. Collage Art

Discussion

The question of how identity is affected when diagnosed with dementia was explored throughout this thesis capstone. Cognitive deterioration with the cortex and hippocampus occurs throughout the stages of dementia, but implicit procedural memory remains intact (Sapolsky, 2004). The symptoms of the neurodegenerative condition are devastating and heartbreaking for loved ones as affect memory, language, recognition, and behaviors are affected. With the rise of dementia diagnoses (Goldstein-Levitas, 2016) there is a need for understanding effective approaches to care as emotional components remain intact. Katz (2013) noted identity is more than just measurable recall and is deeply engrained subjectively. There is a sense of personhood that needs to be nurtured through the role of relationships. The literature points out how PCC is essential to preventing isolation and impacting a sense of self and well-being (Killick, 2004). Furthermore, meeting spiritual needs in the sense of hope and purpose may also improve quality of life for people diagnosed with dementia. Holistic approaches such as DMT incorporates the components to physically, emotionally, and spiritually stimulate the individual with dementia to possibly delay symptoms.

The two DMT interventions developed in the method conveyed results supported from the literature review. Active participation was observed through individual's physical movement, social interactions, moments of reminiscence, and self-expression through the props. The music helped group members remember lyrics from an older time, engage in rhythmic movement, and promote reminiscence. Touch used with imagery also sustained connection and prevented sensory deprivation for members who were initially disengaged. Members appeared reenergized towards the end of both sessions as residents were verbally connecting with each other and immersed with laughter. There was a sense of belonging within the group which alluded to stimulated spiritual needs.

Conducting only two groups provides limited information and questions the consistency of effectiveness. To better understand the effectiveness of DMT more focused and prolonged observations are needed. A deeper engaged observation could provide information on the role of the facilitator and the impact of specific sensory tools. It is important to document the effectiveness of DMT as there is limited measurable research available to credit this modality even though the intervention embraces beneficial treatment components.

Overall, DMT may provide a platform to help caregivers and people with dementia to flow with the constant changes from symptoms. DMT merits the present moment which may highlight the resident's current sense of self. This allows caregivers to support their loved one for the essence of who they are and assist through the process of acceptance for present circumstances. This experience has taught me to have an open mind with this population through letting go of expectations and how to be in the present moment. Embracing vulnerability can produce compassion, courage, and connection. If

one can put personal grief aside, perhaps the dementia journey may reflect a message for the collective; to bringing more compassion in this world through communicating equality and establishing trust in relationships. Through my art-based reflections I conclude with a poem:

Feeling is believing;

shine don’t be shy, inspire us.

Perspective, let go, magic!

Imagine,

color outside the lines,

vibrant community;

think quality.

Live, connect, and love.

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